



W TSA MARKETING AGREEMENT

Complete & Return To:

Secure Fax: 978-524-0461
Western Thoracic Surgical Association
Attn: Yvonne Grunebaum
500 Cummings Center, Suite 4400
Beverly, MA 01915

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip/Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

MARKETING SUPPORT:

- | | |
|---|-------------|
| <input type="checkbox"/> Mobile App | \$10,000.00 |
| <input type="checkbox"/> Program Guide Ad | \$ 5,000.00 |
| <input type="checkbox"/> Meeting Bags | \$10,000.00 |
| <input type="checkbox"/> Hotel Key Cards/Door Hangers | \$ 7,500.00 |
| <input type="checkbox"/> Water Bottles | \$ 5,000.00 |
| <input type="checkbox"/> Door Drops | \$ 4,000.00 |

PAYMENT METHOD

Check Amount Enclosed: \$ _____

Credit Card American Express MasterCard Visa Amount to be charged: \$ _____

Once your agreement is received we will issue a confirmation with an on line payment link.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

Complete and return to: industry@westernthoracic.org
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA | Phone: 978-927-8330 |